ST. MARY'S HOME/AGED 2005 DIVISION STREET

MANITOWOC 54220 Phone: (920) 684-7171		Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	191	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	191	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	181	Average Daily Census:	185

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No	. 2 3		Age Groups	%		14.9
Supp. Home Care-Personal Care	No			1			33.1
Supp. Home Care-Household Services	No	· ±		Under 65	3.3		40.3
Day Services	No	Mental Illness (Org./Psy)	35.9	65 - 74	6.1	•	
Respite Care	No	Mental Illness (Other)	7.7	75 - 84	29.3		88.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	12.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.6			Nursing Staff per 100 Res	dents
Home Delivered Meals	No	Fractures	6.6	1	100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.2	65 & Over	96.7		
Transportation	No	Cerebrovascular	6.6			RNs	7.6
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	8.1
Other Services	No	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	28.7	Male	25.4	Aides, & Orderlies	54.2
Mentally Ill	No	1		Female	74.6		
Provide Day Programming for		I	100.0	1			
Developmentally Disabled	No	I		1	100.0		
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	ος	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	21	100.0	297	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	21	11.6
Skilled Care	0	0.0	0	103	92.0	119	0	0.0	0	48	100.0	152	0	0.0	0	0	0.0	0	151	83.4
Intermediate				9	8.0	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	5.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		112	100.0		0	0.0		48	100.0		0	0.0		0	0.0		181	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	2/31/03
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.1		51.9	47.0	181
Other Nursing Homes	0.8	Dressing	6.1		77.9	16.0	181
Acute Care Hospitals	91.9	Transferring	16.0		55.2	28.7	181
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.0		59.7	29.3	181
Rehabilitation Hospitals	0.0	Eating	43.1		38.7	18.2	181
Other Locations	3.3	*****	******	*****	*****	*****	*****
Total Number of Admissions	123	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	12.7	Receiving Resp	iratory Care	8.3
Private Home/No Home Health	18.1	Occ/Freq. Incontine	nt of Bladder	60.2	Receiving Trac	heostomy Care	0.6
Private Home/With Home Health	11.8	Occ/Freq. Incontine	nt of Bowel	44.8	Receiving Suct	ioning	0.6
Other Nursing Homes	3.9	_			Receiving Osto	my Care	1.7
Acute Care Hospitals	16.5	Mobility			Receiving Tube	Feeding	3.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9.4	Receiving Mech	anically Altered Diet	s 30.9
Rehabilitation Hospitals	0.0				_	<del>-</del>	
Other Locations	7.9	Skin Care			Other Resident C	haracteristics	
Deaths	41.7	With Pressure Sores		11.0	Have Advance D	irectives	96.7
Total Number of Discharges		With Rashes		17.7	Medications		
(Including Deaths)	127	1			Receiving Psyc	hoactive Drugs	62.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	୪	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	94.0	1.00	87.2	1.08	88.1	1.07	87.4	1.08
Current Residents from In-County	89.0	77.2	1.15	78.9	1.13	69.7	1.28	76.7	1.16
Admissions from In-County, Still Residing	35.8	23.9	1.50	23.1	1.55	21.4	1.67	19.6	1.82
Admissions/Average Daily Census	66.5	101.9	0.65	115.9	0.57	109.6	0.61	141.3	0.47
Discharges/Average Daily Census	68.6	102.4	0.67	117.7	0.58	111.3	0.62	142.5	0.48
Discharges To Private Residence/Average Daily Census	20.5	39.2	0.52	46.3	0.44	42.9	0.48	61.6	0.33
Residents Receiving Skilled Care	95.0	96.3	0.99	96.5	0.98	92.4	1.03	88.1	1.08
Residents Aged 65 and Older	96.7	97.2	0.99	93.3	1.04	93.1	1.04	87.8	1.10
Title 19 (Medicaid) Funded Residents	61.9	64.2	0.96	68.3	0.91	68.8	0.90	65.9	0.94
Private Pay Funded Residents	26.5	25.9	1.02	19.3	1.37	20.5	1.29	21.0	1.27
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	43.6	38.5	1.13	39.6	1.10	38.2	1.14	33.6	1.30
General Medical Service Residents	28.7	20.1	1.43	21.6	1.33	21.9	1.31	20.6	1.40
Impaired ADL (Mean)	56.2	51.0	1.10	50.4	1.11	48.0	1.17	49.4	1.14
Psychological Problems	62.4	53.0	1.18	55.3	1.13	54.9	1.14	57.4	1.09
Nursing Care Required (Mean)	9.3	7.7	1.21	7.4	1.26	7.3	1.28	7.3	1.27